



# State of Indiana Public Defender Commission

## TRAINING IN DEFENSE OF CAPITAL CASES

Name: \_\_\_\_\_ Attorney No.: \_\_\_\_\_

Date Admitted to Indiana Bar: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

Facsimile \_\_\_\_\_

I have completed the following training in the defense of capital cases as required by C.R. 24:

| Seminar Title | Sponsor | Location | Date | Hours |
|---------------|---------|----------|------|-------|
|               |         |          |      |       |
|               |         |          |      |       |
|               |         |          |      |       |
|               |         |          |      |       |

Please submit this form to the Commission each time you complete specialized training in the defense of capital cases.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Indiana Public Defender Commission  
30 South Meridian Street, Suite 500  
Indianapolis, Indiana 46204-3568  
Telephone (317) 232-2542  
Fax (317) 233-6586